

IN THE SMALL CLAIMS COURT IN AND FOR
WASHINGTON COUNTY JUSTICE COURT, STATE OF UTAH
87 NORTH 200 EAST #301, ST. GEORGE, UTAH 84770

_____ NAME	Plaintiff(s))	SMALL CLAIMS COUNTER AFFIDAVIT AND ORDER
_____ STREET ADDRESS)	
_____ CITY, STATE, ZIP)	
_____ PHONE)	
)	
VS.)	Case No. _____
_____ NAME	Defendant(s))	
_____ STREET ADDRESS)	
_____ CITY, STATE, ZIP)	
_____ PHONE)	

COUNTER AFFIDAVIT

Defendant swears that the following is true:

- (1) Defendant does not owe Plaintiff the sum of \$ _____.
- (2) Plaintiff owes Defendant \$ _____.
- [] plus a \$50.00 filing fee for a claim of \$2,000 or less \$ _____.
- [] plus a \$70.00 filing fee for a claim of \$2,001 up to \$7,500 \$ _____.
- [] plus a \$120.00 filing fee for a claim of \$7,501 up to \$10,000 \$ _____.
- For a total of: \$ _____.

- (3) This debt arose on _____ (date), for: _____.

- (4) Defendant has asked Plaintiff to pay the debt, but it has not been paid.
- (5) Defendant resides **OR** the claim arose within the jurisdiction of this court.

Defendant

SUBSCRIBED and SWORN to before me on this _____ day of _____, _____.

Clerk, Deputy or Notary

ORDER OF THE COURT

THE STATE OF UTAH TO THE PLAINTIFF:

- [] The trial indicated on the Affidavit remains.
- [] Due to the filing of this Counter affidavit, the original trial date has been changed to:

Date: _____ Time: _____

Place: Washington County Justice Court, 87 North 200 East, #301 St. George, UT 84770

If you fail to appear at the trial, judgment may be entered against you for the amount listed above.

Certificate of Mailing

I hereby certify that I () mailed () delivered a true and correct copy of the Counter affidavit to plaintiff via first class mail.

Dated this _____ day of _____.

Deputy Clerk